MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 8907 STATE FILE NUMBER 62-036204

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED SEP 24 1962

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN: St. Louis
c. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri-Baptist
Length of stay in 1b:
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Williamson
c. CITY OR TOWN: Carterville, Ill. Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R. R. #1 Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Afton Middle: Last: Grey

4. DATE OF DEATH: Month: Sept. Day: 13, Year: 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 6-5-1917

9. AGE (last birthday): 45

IF UNDER 1 YEAR — Months: Days: IF UNDER 24 HR — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dietician

10b. KIND OF BUSINESS OR INDUSTRY: Herrin City Hosp

11. BIRTHPLACE (City and state or country): Cambria, Ill.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Ed Lansford

13b. MOTHER'S MAIDEN NAME: Clara Brashens

14. NAME OF HUSBAND OR WIFE: Rex Grey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Rex Grey Address: Carterville, Ill. - Husband

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Infarction right lung due to possible pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Synovial cell sarcoma left thigh metastatic to lungs — 1955
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 197.8

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 1961 to Sept 13, 62 and last saw her/him alive on Sept 13, 1962
Death occurred at 11 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Warren M Lonergan MD

22b. ADDRESS: St Louis 8 Mo

22c. DATE SIGNED: 9-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: 9/16/62

23c. NAME OF CEMETERY OR CREMATORY: Blairsville

23d. LOCATION (City, town, or county) (State): Carterville, Williamson Illinois

24. FUNERAL DIRECTOR ADDRESS: Riggin Funeral Home-Carterville, Ill.

25. DATE RECD. BY LOCAL REG.: SEP 14 1962

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8120 Mo		9/
3			
4	1		
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11			
12	68-0		
13			

68

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James L Cleaver

Licensed Embalmer No. 5168

P. O. Address Millstadt, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.